



## ACTON BOARD OF HEALTH

---

Douglas Halley  
Health Director

472 Main Street  
Acton, MA 01720

Telephone 978-929-6632  
Fax 978-929-6340

May 5, 2011

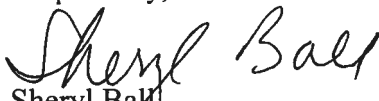
King's Ink  
136 Main Street  
Acton, MA 01720

Dear Mr. King:

In accordance with Acton Rules and Regulations Article 17, a site visit was made on May 4, 2011 to the above-referenced property as requested by Robert Nocera on May 2, 2011.

The site visit revealed that no violations were found. I have also enclosed April's passing certificate of autoclave testing for your review.

Respectfully,

  
Sheryl Ball  
Health Agent

Cc: Robert Nocera  
183A School Street  
Acton, MA 01720

# King's Ink

136 Main St., Acton, Ma 01720

## Body Art Disclosure Statements and Consent Form

Consent to application of tattoo release and waiver of all claims

I acknowledge by signing this form that I have been given the full opportunity to ask any and all questions which I had about obtaining a tattoo from King's Ink. All my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the facts and matters set forth below:

- As with any invasive procedure, tattooing may involve possible health risks. These risks may include pain, bleeding, swelling, infection, scarring of the area and nerve damage.
- Tattoos are not easily removed and in some cases may permanently scar your body, so think carefully before being tattooed.
- The inks or dyes used for tattoos are color additives and currently no color additive has been approved by the FDA for tattooing.
- Blood donations cannot be made for a year after getting a tattoo.

The Tattoo Artist will :

- Properly and thoroughly cleanse and shave the area before beginning the tattoo.
- Use a new, one-use needle and sterile tubing (you will get your own needle that is prepackaged, sterilized, and has never been used.)
- Use proper techniques
- Provide information on the aftercare of your new tattoo.

The following conditions may increase health risks associated with receiving body art.

- Diabetes
- Hemophilia
- Skin diseases, lesions, or skin sensitivity
- History of allergies or adverse reactions to pigments, dyes, metals, latex, shellfish, or other sensitivities.
- Use of medications such as anticoagulants (blood thinners)

Please INITIAL each item:

- \_\_\_\_\_ I acknowledge that I am not under the influence of drugs or alcohol.
- \_\_\_\_\_ I acknowledge that I am not pregnant.
- \_\_\_\_\_ I acknowledge that I am free of communicable diseases.
- \_\_\_\_\_ I acknowledge that I have truthfully represented that I am 18 years old or older.
- \_\_\_\_\_ I acknowledge that an infection is always possible.
- \_\_\_\_\_ I acknowledge that variation in color and design may exist between selected design and the applied tattoo.
- \_\_\_\_\_ I acknowledge that obtaining the tattoo is my choice alone and I consent to the application of the tattoo and to any contact of the tattoo artist to reasonably perform the tattoo procedure.
- \_\_\_\_\_ I agree to release and forever discharge and hold harmless Perry Street Ink, its owner, and its employees/tattoo artists from any and all claims, damages, or legal actions connected with any issue with my tattoo or procedures and conduct used to apply my tattoo.
- \_\_\_\_\_ I hereby give King's Ink consent to publish any and all photos of my tattoo without compensation.
- \_\_\_\_\_ I hereby acknowledge that all tattoo equipment will be new and sterile.

print name	sign name	date	
home phone	cell phone	email	
current mailing address	city	state	zip
date of birth	occupation	how did you hear about us?	

You MUST be 18 years old or older to get tattooed. No exceptions or parent consent.  
Acton Board of Health: Acton Town Hall, 472 Main Street, Acton, MA 01720, 978-929-6632

-----  
SHOP USE ONLY

Artist: \_\_\_\_\_ Tattoo: \_\_\_\_\_ Location: \_\_\_\_\_

NOTES:

King's Ink  
136 Main St.  
Acton, Ma 01720

Parental Consent Form - Piercing

I, \_\_\_\_\_ (print parent's name), certify that I am the parent or legal guardian of \_\_\_\_\_ (print child's name). I am giving my consent for the above named child to be pierced by King's Ink. I certify that the child is not pregnant, not taking any prescription drug which might adversely affect the procedure (such as anti-coagulants), and does not have any medical conditions which may adversely affect the procedure.

I understand that my child will be given care instructions, and that it is necessary that he/she follow all the instructions to insure the proper healing of the piercing. I understand that deviating from these instructions can result in improper healing, infection, and possible scarring.

In addition, I release King's Ink and any related parties from any liability which may arise as a result of my child being pierced.

The following information is required by the Department of Health.

_____	_____	_____
print parent's name	sign parent's name	date

_____	_____	_____
print child's name	child's date of birth	gender (sex)

_____	_____	_____
home phone	cell phone	email

_____	_____	_____	_____
current mailing address	city	state	zip

_____	_____
type of piercing	does the child have any history of bleeding disorders?

\_\_\_\_\_

please list any allergies (particularly to latex or medication)

\_\_\_\_\_

emergency contact's name, address and phone number

Acton Board of Health: Acton Town Hall, 472 Main Street, Acton, MA 01720, 978-929-6632

-----  
SHOP USE ONLY

Piercer: \_\_\_\_\_ NOTES: \_\_\_\_\_

King's Ink  
136 Main St.  
Acton, Ma 01720

Consent Form - Piercing

I, \_\_\_\_\_ certify that I am giving my consent to be pierced at King's Ink. I certify that I am not pregnant, not taking any prescription drug which might adversely affect the procedure (such as anti-coagulants), and I do not have any medical conditions which may adversely affect the procedure.

I understand that I will be given care instructions, and that it is necessary that I follow all the instructions to insure the proper healing of the piercing. I understand that deviating from these instructions can result in improper healing, infection, and possible scarring.

In addition, I release King's Ink and any related parties from any liability which may arise as a result of being pierced.

The following information is required by the Department of Health.

print name	date of birth	gender (sex)
------------	---------------	--------------

home phone	cell phone	email
------------	------------	-------

current mailing address	city	state	zip
-------------------------	------	-------	-----

type of piercing	any history of bleeding disorders?
------------------	------------------------------------

please list any allergies (particularly to latex or medication)

emergency contact's name, address and phone number

Acton Board of Health: Acton Town Hall, 472 Main Street, Acton, MA 01720, 978-929-6632

-----  
SHOP USE ONLY

Piercer: \_\_\_\_\_ NOTES:



**TOWN OF ACTON**  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone 978 929-6633  
Fax 978 929-6340

**Building Department**

---

Mr. Steve King  
King's Ink Tattoo & Piercing  
136 Main Street  
Acton, MA 01720

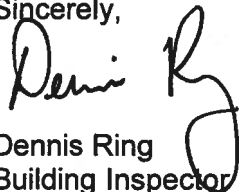
Dear Mr. King:

We have reviewed the files in the Building Department and have found that the building located at 136 Main Street was constructed prior to the requirements for the issuance of a Certificate of Occupancy. Consequently, it is the opinion of this office that the building is in compliance with 780 CMR Section 102.6.1, which states in part:

"...any existing building or structure shall meet and shall be presumed to meet the provisions of the applicable laws, codes, rules or regulations, bylaws or ordinances in effect at the time such building or structure was constructed or altered and shall be allowed to continue to be occupied pursuant to its use and occupancy, provided that the building or structure shall be maintained by the owner in accordance with this code."

If you have any questions, please feel free to contact the Acton Building Department at 978 929-6633 Monday through Friday, from 8:00 AM to 5:00 PM.

Sincerely,



Dennis Ring  
Building Inspector

cc: Cheryl Ball, Acton Health Department

## Sheryl Ball

---

**From:** Steve King [kingzinktattoo@hotmail.com]  
**Sent:** Thursday, March 03, 2011 7:46 AM  
**To:** Sheryl Ball  
**Subject:** RE: Review of proposal

Sheryl,

Thanks for your quick response. I am including attachments regarding sharps disposal, autoclave specs, and a revised disclosure. With regards to your other points, no cloth items are used during procedures, and I will be at the Town Hall today to take care of my occupancy permit, practitioner and establishment applications and fees.

Thank you,

Steve King  
King's Ink Tattoo & Piercing  
136 Main St. Acton MA 01720  
978-263-7763  
Cell: 978-270-0884

---

From: sball@acton-ma.gov  
To: kingzinktattoo@hotmail.com  
Date: Wed, 2 Mar 2011 16:24:53 -0500  
Subject: Review of proposal

Steve;

I have reviewed your application packet and have the following questions/concerns:

- Who have you contracted with to dispose of your sharps? - provide ✓
- I need specifications on your autoclave - provide. ✓
- Will you have cloth items on site? If yes, where will they be washed? no
- Do you have a copy of your occupancy permit from the Building Department? Please provide. ✓
- Apply for both your practitioner and establishment license. Need both applications and fee - Must be done prior to opening. ✓
- Please add the following language on your disclosure statement:
  - history of epilepsy, seizures, fainting, narcolepsy - page 11 of our regs item (E) ✓
  - any other conditions such as hepatitis or HIV - page 11 of our regs item (G)
  - also somewhere please add - any skin or mucosa surface to receive body art procedure shall be free of rash or any visible infection - page 12 item (I)

Other than that I will be checking that your establishment complies with the rest of the regulations during my inspection. If you have any questions please feel free to contact me.

Thanks,

Sheryl Ball, CEHT  
Acton Health Department  
472 Main Street  
Acton, MA 01720  
978-929-6632  
Fax 978-929-6340

3/3/2011

-search-

[Home](#)   [About Us](#)   [Services](#)   [Global Presence](#)   [Investors](#)   [Careers](#)   [Contact Us](#)   [Customer Login](#)
**Medical Waste Disposal****Steri-Safe OSHA Compliance Program****Sharps Disposal Management**[Hospitals](#)[Private Practices](#)[Home Sharps Users](#)[Community Collection Programs](#)[Home Page](#)   [Services](#)   [Sharps Disposal Management](#)

Stericycle provides expert sharps disposal services and containers to thousands of hospitals, private practices, and home users of sharps.

**Product Recall Services****Product Return Services****Product Retrieval Services****Communication Services****Rx Waste Disposal****Medical Products****Mailback Programs****Integrated Waste Stream Solutions****Hazardous Waste Services****Retail Waste Services****Unsalable Product Services****Login To:**[Manifest Archive](#)**Sharps Disposal Management**

The CDC estimates that over 800,000 accidental needle sticks occur each year among healthcare workers. Stericycle is committed to helping keep people safe from accidental needle sticks through our sharps disposal services. We provide sharps disposal services and containers for hospitals, MDs, DDS, communities and home sharps users.

**For Hospitals**

The Stericycle Sharps Management Service combines safety, convenience and environmental responsibility. It not only reduces the risk of needle sticks to your staff, but also prevents thousands of tons of plastic and corrugated material from accumulating in landfills. In addition, our disposal services are available for a fixed monthly rate, making it more cost efficient than most disposable container systems. [Click here to learn more about our Sharps Management Service.](#)

**For Private Practices**

For medical and dental offices, we offer a complete line of [sharps containers](#). For low frequency generators of sharps, we have a sharps mail back program. [Click here to see our sharps mail back programs](#) for private practices.

**For Home Sharps Users**

If you treat conditions such as diabetes, arthritis and cancer at home and need to dispose of used needles, we offer a sharps disposal mail back program specifically designed for your needs. [Click here for more information.](#)

**For Community Collection Programs**

If you are a local community or a home generator of sharps and are interested in a sharps disposal collection program, [click here.](#)



**CLICK HERE**  
To Buy Sharps  
Containers

**Additional Services****Rx Waste Disposal**

Hazardous and non-hazardous pharmaceutical waste disposal for both large and small medical facilities.

**Product Return Services**

An accurate and efficient system for collecting unused and expired pharmaceuticals.

**Medical Waste Disposal**

A complete disposal program that's convenient, compliant and fully documented.

**Steri-Safe OSHA Compliance Program**

Training, consulting, site audits -- everything you need to keep your staff safe and achieve compliance.

Call 1-866-STERI-CALL

[Stericycle.com](#)[Related Links](#)[Sitemap](#)[Privacy Policy](#)[Safe Harbor](#)

# Certificate of Completion



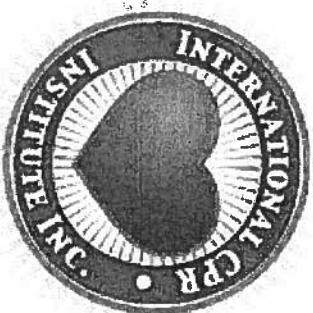
Is presented to  
**Stephen King**

This certifies that the person named  
above has successfully completed the  
International CPR Institute

course in  
Bloodborne Pathogens

on

May-2-2012



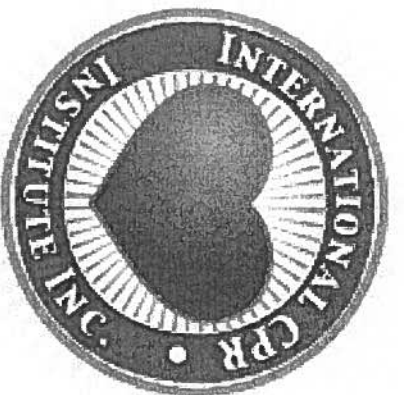
[www.icpri.com](http://www.icpri.com)

Auth: 283665



[www.icpri.com](http://www.icpri.com)

Expires May-2-2013






[www.icpri.com](http://www.icpri.com)

This page of your Certificate package contains your temporary wallet card. Your "official" card will be mailed within 24 hours by first class mail from the USPS so please allow a few days for the card to arrive.

### INSTRUCTIONS FOR USE:

- Please cut the wallet card out along the solid black lines.
- Fold card along the dotted lines.
- Sign card on the back portion.
- Laminate card.

	
Stephen King	
This certifies that the person named above has completed the International CPR Institute Inc.	
<b>BLOODBORNE PATHOGENS</b>	
<a href="http://www.icpri.com">www.icpri.com</a>	
Completion Date: May-2-2012	Security Control No. 283665
Expiration: May-2-2013	
Keep this card for your records. Void if reproduced	

<b>Bloodborne Pathogens</b>	
	
Cardholder's Signature	
Has successfully passed the cognitive assessment of the Bloodborne Pathogens class given by the International CPR Institute Inc. The course meets or exceeds OSHA standards.	
Course Instructor 	Instructor Number D13178

## Sheryl Ball

---

**From:** Steve [kingzinktattoo@hotmail.com]  
**Sent:** Wednesday, May 14, 2014 10:27 AM  
**To:** Sheryl Ball  
**Subject:** Re: Daniel Brown

Sheryl,

Just for your licensing records, as of this past Sat., May 10, 2014, Daniel Brown is no longer working at King's Ink.

Thank you,

Steve King  
King's Ink Tattoos & Piercings  
136 Main St. Acton MA 01720  
978-263-7763  
[www.kingsink.com](http://www.kingsink.com)

Establishment Name

Kings Ink.

Date

2/26/14

Address

Page

1 of 1

Item No.

In the space below describe all violations checked on front page.

- autoclave - OK - results sent monthly
- establishment clean + sanitary
- gloves - OK
- single use needles - OK
- Sinks clean
- trash - OK

Steve Buel

Steve Buel

Discussion with Management